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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON THE ACTION OF MORPHIA OR OPIUM AND CHLOROFORM IN LABOR.

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The writer is indebted to an article by Dr. Hiram Corson, "On the Use of Opium in Labor," in number 22, volume xxviii, of the MEDICAL AND SURGICAL REPORTER, for the opportunity of making known to the profession his *present* views in relation to this most interesting subject. A little more than two years ago he was requested by Prof. Edward Warren, M. D., then editor of a medical journal in this city, to prepare a paper for its pages on the use of chloroform in labor. The article appeared just prior to the cessation of the journal, and as its circulation was limited, probably never met the eye of Dr. Corson, or other readers of the REPORTER. Therefore, so much of it as is necessary to explain the ideas of the writer on the *modus operandi* of morphia, or opium in labor, is here reproduced. He flatters himself with the belief that the views below expressed on the action of chloroform and morphia in labor will be regarded *orthodox* by his professional brethren.

In order to a full and clear conception of the condition and circumstances of the woman, rendering the administration of chloroform judicious, or even safe, in ordinary cases of labor, it is of great moment that we remember the anatomical fact that the

uterus is furnished with two distinct sets of nerves, *i. e.* from the sympathetic and the spinal systems.

A knowledge of this fact furnishes us with intelligent ideas of the *time* and amount of impression proper to be made with it in cases of parturition, and likewise enables us also to decide these important points when its effects are called for, or deemed advisable, in all other obstetrical proceedings.

But of the anatomical arrangement of the nerves distributed to the uterus:—

The body of the womb receives its supply from the ganglionic or sympathetic system, while those distributed to the cervix and os are derived from the spinal or nervous centres of animal life. Thus we are enabled to comprehend *why it is that ergot, gossypium, etc., as they direct their action to the sympathetic system, or nerves of organic life, promote contraction of the muscular fibres of the fundus and body of the uterus*, thereby aiding the expulsion of its contents; while *morphia, chloroform, etc., obtund in their action the sensibility of the spinal nerves supplying the neck and os, when suffering severely from distension taking place in the fibres of those parts*, induced by the pressure of the head, or other presenting part of the fœtus, and thus render less painful, or even painless (as under the full action of chloroform), the expulsion of the child by the contractions controlled by the ganglionic nerves. The fact is well-known to all accouchers of much experience, that *the contractions of the womb are but little affected by chloroform*, whether the patient is more or less under its influence during the progress of labor. Obviously, therefore, the use of *chloroform or morphia*,

so far from retarding labor, may, in many cases, facilitate its progress by removing or obtunding the irritability of the nerves supplying the neck, particularly as just noticed, as anæsthesia does not affect the sympathetic nerves presiding over the contractions of the fundus and body of the womb. It will thus be seen that anæsthesia may be induced and carried to any safe or justifiable extent in labor, without interfering in any material degree with the physiological action of the uterus in parturition. We use the term physiological, for the contractions of the womb are undoubtedly of this character, whatever may be thought of *pain* from the contraction of muscular fibre in other conditions or parts of the organism. The action of the ganglionic nerves on the uterus is made clearly manifest in the violent contractions and expulsive efforts often seen in that organ in coma, or insensibility induced by other causes, as well as chloroform, even in cases where the foetus is known to be dead, or incapable by its movements of stimulating or exciting uterine contractions. That there should exist differences of opinion among obstetricians regarding the time of administration, and the degree of anæsthesia to be induced by chloroform, in ordinary cases of parturition, is easy of comprehension. In fact, the known diversity of experience in the profession, in regard to many other potent, but not the less valuable, therapeutic agents, is not more remarkable or surprising than in regard to this. Some who admit that labor may be successfully terminated, both to mother and child, whilst the former is under the anæsthetic effects of chloroform, object, from religious scruples, to its administration, and contend that pain in labor was imposed by the Creator as a penalty of violated law. Ergo—She should not be relieved of the sufferings of child-birth, though no risk be incurred to mother or child by the anæsthetic effects of chloroform. Many accouchers are aware, from personal observation, that some women experience very little, and a few absolutely no, pain in child-birth! and it is known that many females of the lower animals suffer severely in giving birth to their young. Indeed, it is highly probable that *painless* labors, under favorable circumstances, are very nearly, if not quite, as frequent in women as in the inferior animals.

It would be as rational to urge objections to the anæsthetic effects of chloroform in surgical proceedings and operations as in

labor. We read the Creator brought a deep sleep on Adam, ere he removed the part from which he formed his wife. Parties urging the use of chloroform in labor as sinful, or a violation of Divine law, readily embrace all the means of lessening toil, or those for the prolongation of life, notwithstanding the "sweat of the face," and "penalty of death," are expressed as forcibly in the Mosaic writings as the pains of child-birth.

For the benefit of the junior members of the profession, attention is respectfully invited to the importance of the following observations concerning the use of chloroform in labor. It is of the *greatest moment* that the *pulse* and *respiration* be carefully watched from the commencement to the close of its administration, as much so, in fact, as in any other condition of the organism justifying or calling for its administration, if we would avoid danger from its use. These functions afford the only accurate and sure indications of the propriety or impropriety of continuing the inhalation. We should stop immediately, if we find the pulse becomes weak and the respiration difficult or irregular. *Any hesitation or faltering in either* should demand the *instant cessation* of the inhalation. Careful attention to these rules will enable us to keep the larger majority of women sufficiently under its influence, when desirable to do so, for hours; and thus, through its agency, labor may, when necessary, be rendered absolutely painless.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. Agnew.

[REPORTED BY DE FOREST WILLARD, M.D.]

Phimosis.

GENTLEMEN:—The child, six years of age, now before you is suffering from a contracted condition of the orifice of the prepuce, which is known as phimosis. Now, as you all know, the glans in a male child is normally covered by the foreskin, but can be easily exposed if desired: in phimosis the orifice is so narrowed that this can be done only with difficulty or not at all. In these cases the prepuce is also elongated, either from birth or by the manipulations of the child, due to the constant irritation. If the opening be of three-quarter size no serious inconvenience may arise for years, but in the majority of cases, and in all where the orifice

is small, the obstruction to the exit of urine will, sooner or later, lead to irritation of the glans and finally to balanoposthitis, this result being also contributed to by the constant accumulation of sebaceous material about the corona from the glands of Tyson.

Other grave results of this mechanical obstruction are seen in the various forms of urethral and vesical irritation, frequent micturition, nocturnal incontinence, retention, and even epileptiform attacks, in fact, the existence of a stone in the bladder is often suspected. The diagnosis can be easily determined by a sound, and by the removal of the offending prepuce, after which all the unpleasant symptoms quickly subside, if not already of too long standing. The cases in which the most serious irritation arises are those in which the mucous covering of the glans is adherent to the under surface of the prepuce.

That a narrowed foreskin is compatible with perfect health of the genital organs is instanced by numerous examples, but when any irritation of the urinary tract occurs it is always advisable to remove the preputial tissues, especially if they are hypertrophied or indurated.

If this condition continues to adult life, and the man indulges in promiscuous intercourse, he not only runs a much greater risk of contracting disease, but he is liable to have such disease in an aggravated form, while at the same time it becomes less amenable to treatment, owing to its concealed character.

The observance of the religious rite of circumcision among the Hebrews undoubtedly renders them more cleanly and less liable to venereal contagion (vide *Medical Times and Gazette*, Dec. 1st, 1865).

In congenital phimosis the contraction of the mucous portion may be sufficient to even retard the proper growth of the glans.

When the orifice is extremely small it might also interfere with the exit of semen to such an extent as to prevent conception, the erection subsiding before escape could occur.

Acquired phimosis is the result of an enlargement of the glans or a contraction of the prepuce, usually dependent upon venereal inflammation of some form. Such a condition occurring in an already phimosed organ renders treatment exceedingly inconvenient, and is often productive of extensive loss of tissue by sloughing.

When a chancre exists beneath an inflammatively phimosed prepuce it is unadvisable to operate unless imperatively demanded, since inoculation of the cut edges is likely to occur; an accident, however, which would only require a cauterization of the edges with nitric acid. In such cases every attempt should be made to reduce the induration and swelling by cold applications, stuffing the cavity with lint saturated with sol. arg. nitr., frequent washings, dilatation by sponge-tents, etc. When the inflammatory supersedes the congenital form, however, an operation will usually be required.

The treatment for simple phimosis will depend upon its degree.

In the case before us we find that the mechanical obstruction has already begun to render the glans very irritable, and the boy is subject to nocturnal incontinence of urine. We will therefore perform the operation of circumcision, since his prepuce is not only narrowed, but is very redundant.

The operation is best done by drawing the skin well forward, grasping it just in front of the glans with an ordinary pair of long forceps, or with the fenestrated forceps of Ricord, and then removing all the structures in front by one stroke of a bistoury. The forceps should be applied diagonally from below upwards and backwards, in order that the frænum be left undivided. The mucous surface of the prepuce is next slit up along the dorsum, and the ensuing flaps trimmed away until only a rim of the structure remains encircling the sulcus behind the corona. The skin and mucous membrane are now to be united by four or five points of silk interrupted suture, and a simple cold-water dressing applied. If the glans and prepuce are adherent, they must be forcibly separated with the director. The artery of the frænum will usually require ligature; any others may be transected by the sutures.

The operation as performed by the Hebrew priests differs from this only in that the mucous membrane is torn up and no sutures are used, a roll of lint being simply wound around the penis behind the glans. I understand that it is seldom or never attended with serious or even troublesome results, union ordinarily taking place in a few days.

When the phimosis is acquired and the prepuce is thickened, it is better to slit it up along the dorsum and then trim off the resulting flaps or angles, especially in the mucous membrane, so that the cut surfaces may be brought nicely in apposition. The practice of slitting up the foreskin without paring the corners should never be sanctioned, as healing takes place only to leave large pendulous flaps or "dog ears," which detract greatly from the appearance of the organ.

As the mucous surface is the one at fault, it has been proposed that it should be forcibly ruptured by withdrawing the widespread blades of a pair of inserted forceps.

I have found *gradual dilatation* of much service when a chancre is concealed beneath a moderately tight prepuce. This may be accomplished by forcep blades or sponge-tents.

Paraphimosis.

The next case is of a precisely opposite nature, and occurs in the person of a man 25 years of age, who is suffering from an attack of gonorrhœal balanitis. He normally had a somewhat contracted prepuce, and in his manipulations with the penis forcibly uncovered the glans and has since been unable to return the foreskin to its natural position. The strangulation has caused such inflammation and swelling of the glans, and so

much oedema of the preputial tissues that sloughing seems to threaten, as the accident occurred two days since. He has already tried ice, streams of cold water, etc., so that we will at once attempt reduction. I first grasp the glans in one hand, draw it forcibly forward so as to elongate the penis and thus render its diameter less; compress it firmly for five or ten minutes in order to empty it of blood, and then attempt to draw the prepuce forward. This manœuvre fails, and I next attempt to push the well-oiled glans backward through the constriction. Failing again, I insert a probe-pointed bistoury flatwise beneath the collar, and nicking it in two or three places, am soon able, by a repetition of the former manipulations, to effect the desired purpose. A warm-water dressing will now be applied, and if the preputial orifice be found too tight in future, an operation will be advised, as in ordinary cases of phimosis.

Nocturnal Incontinence.

The next patient is a boy seven years of age, whose mother complains that she finds it impossible to break him of the habit of wetting the bed each night. This is an affection which is quite common among children, and is an exceedingly unpleasant one. It is frequently the result of negligence of habit, but it may be a symptom resulting from piles, prolapse of the rectum, intestinal worms, phimosis, cystitis, calculus, etc. It is most common among scrofulous children, but is sometimes met with in the robust and hearty. When not the result of habit, it shows either an irritability or want of tonicity in the sphincter muscle at the neck of the bladder, or that it is sympathetic. Our first effort, then, should always be to search for the cause, and in this case I inquire closely in regard to all the above-mentioned causes, but am not able to discover from this hasty examination that any one of them is in operation. He has no phimosis, or hemorrhoids, or worms.

What is the treatment? First, removal of the cause and education. The child should be permitted to eat only a light supper, with but little liquid, and should be roused two or three times during the night and compelled to evacuate his bladder. When the habit seems to result from indifference to personal cleanliness a judiciously inspired fear of "birch" may be of service.

Medicinally our efforts should be directed at the cause, but if this cannot be obtained much benefit will be derived from belladonna, administered in conjunction with the bicarbonate of soda. Three drops of the tincture may be given with five grs. soda, frequently during the afternoon and evening. Hydrate of chloral, in full doses, and various other remedies are often used.

If anemic the patient should take during the day iron, quinine, strychnia, cantharides, etc., cold bathing and hygienic remedies be superadded, and cleanliness enforced.

Belladonna, however, exercises the most prompt influence over the disease, and if

the drug be good will almost always relieve. In extreme cases it is recommended to obtund the sensibility of the neck of the bladder by applying to it a strong sol. arg. nit., but I believe such a procedure unnecessary, those cases which are called "obstinate ones" being due to some special cause, which it is the duty of the physician to discover. In girls it is more common, and may continue even to adult life. In adults incontinence is really but indicative of retention and overflow, and I have seen many patients brought near to death's door, suffering intensely from a full bladder, when physicians of eminence in attendance had believed the bladder entirely empty and had carelessly neglected to introduce a catheter. I recall one case, also, in which an "abdominal tumor," which had been treated for months, and which was accompanied by this symptom, was relieved effectually by the introduction of a catheter into the bladder, no less than twenty-nine pints being drawn off within the next three days. *Always*, then, in the adult, use a catheter whenever you find incontinence. *Never fail to do it.* There may be cases of paralysis, or of peculiar prostatic enlargement, but the catheter is always the best test.

In hysterical females incontinence is not uncommon, but it is unadvisable to use the catheter with them. The urine will flow before the bladder bursts, especially if a warm or cold douche be used.

MEDICAL SOCIETIES.

STATE MEDICAL SOCIETY OF MICHIGAN.

This society held its eleventh meeting at Saginaw City, June 11. It was called to order by the President of the Association, Prof. A. B. Palmer, of Ann Arbor, at 10 o'clock A. M., and the business of the session introduced with prayer by the Rev. James Venning, of Saginaw. The President, Prof. A. B. Palmer, of the University, proceeded to deliver the annual address. It was a most carefully prepared and scholarly production, requiring nearly two hours for its delivery.

His theme was "Law and Intelligence in Nature and the Improvement of the Race in Accordance with Law." After briefly reviewing the progress of discovery in the physical sciences, and pointing out the universality and immutability of law, he considered the phases of his many-sided subject which bear more particularly upon the aims and studies of the medical profession. A few passages must suffice to give a general idea of the style and tenor of his discourse. He said: With regard to the production of life and origin of species, I think it may be safely said that the most careful and conscientious researches seem to be carrying a large majority of scientific minds to the conclusion that natural laws still in op-

ration, acting in matter in its nascent and susceptible condition, have at a remote period during the long ages of the past resulted in the production of living organisms; and that the developmental forces inherent in organic matter, through natural selection, adaptation, and the survival of the fittest—all these laws and forces established, supplemented, subordinated and guided by a Supreme Intelligence—have gradually brought into being the present world of life with all its specific differences and individual peculiarities. In this plan of development man seems to be included. I hope no one who hears me will be shocked at this statement, for if this doctrine be proved true—though it is not as yet conclusively—no one's faith either in the general providence of God, in the existence of the soul, or in the immortality brought to light in the Gospel, need be disturbed. Much of the conflict so long waged between science and religion has arisen from a misunderstanding of the claims of each. Some have supposed that by "creation," as of species, for instance, was necessarily meant primary or absolute creations, the production of something out of nothing, or at least that a process was implied indicating supernatural action; not conceiving of derivative creation, which is a new arrangement of existing materials under intelligence and law, as we speak of making a knife or creating wealth, they have opposed the doctrine of creation altogether, regarding it as absolute, in the interests of physical science. Others, supposing that by "evolution" was meant a denial of Divine action and a rejection of the doctrine of a Divine Providence, have therefore combated the theory of development, natural selection, etc., in the imagined interests of religion.

There is nothing in the evolution theory, as I understand it—even if there be included in it the change of non-living matter into living matter without the intervention of parents—which in any way excludes Divine action, or the doctrines of Providence, general or special. It may be regarded as merely a question of the manner of Divine action, and he who contends that living beings must be produced in any particular way or ways imposes more limits upon the Omnipotent, does more to deny what we believe of His power, than he who in humility and sincerity inquires for the facts and is ready cheerfully to accept whatever is proved. This is not only the scientific, but it is also the reverential and religious spirit. It is the spirit of faith as well as of truth. It manifests confidence in the religious principles in which one stands. * * * *

Dr. Palmer, from the committee appointed to confer with the Governor and urge the propriety of appointing a Board of Public Health, reported the entire success of that mission.

Dr. Ranney, the Recording Secretary, reported that he had procured the publication of 500 copies of last year's proceedings of the society, and had distributed them as directed. He recommended that hereafter

whenever the published proceedings reach 500 pages, they be numbered volume sixth. The society numbered 175 members, showing an increase during the year of 49. Only two members had died during the year, Dr. A. R. Calkins, of Allegan, and Dr. Alanson Cornell, of Ionia.

A draft of a proposed bill which was presented by the Committee on Legislation was considered at some length. The bill in effect provides for the appointment of a medical council of 20 for the State, 10 of whom shall be from the regular, 6 from the homoeopathic, and 4 from the eclectic schools of medicine; this council to decide upon the qualifications of practitioners, those who cannot pass the requisite examination being unable to enforce the collection of their fees. Dr. George Bartholomew made a minority report, basing his opposition to the bill mainly on the grounds of the affiliation of different schools of medicine which it implied. Dr. Brodie moved that the matter be referred to a new committee to be reported upon at the next meeting. He argued that the Legislature would enact no such statute, and that it would be impracticable and inoperative.

Dr. R. Inglis, of Detroit, moved to amend the motion by requiring the publication of the bill and a request to the committee to correspond with local medical societies for their opinion.

Dr. H. F. Lyster, of Detroit, spoke in favor of the proposed bill. He thought it a long step in the right direction, and would have a tendency to do away with all factions and "pathies" in the profession. A similar plan had been tried in Ontario, and with good results.

Dr. Foster Pratt, of Kalamazoo, gave some results of his observation and experience in New Jersey. There were State and district boards of medical examination, and applicants were at liberty to practice any system they pleased, but they must pass a thorough medical examination, and the people had a guarantee that they had knowledge. The system worked no evil, but much good. In Michigan, on the contrary, we are, apparently at least, at war, and whoever the Legislature may honor with a professional trust, they have no assurance that he is professionally qualified. By resolving the medical profession of the State into "a college of physicians and surgeons," as this bill proposes, with a competent board of examiners, these and other evils of quackery would be greatly remedied. The motion, as amended, was adopted.

VENTILATION OF SCHOOL BUILDINGS.

The committee to whom had been referred the subject, "The Laws of Hygiene in their Relations to Public Schools," had made a division of the question, assigning to Dr. R. C. Kedzie, of Lansing, so much of it as relates to the construction, warming, ventilation and sewerage of public school buildings, upon which he made a most able, interesting and elaborate report. The following are a few of his facts and conclusions: In ex-

aming the school houses of the State the first prominent fault in construction observed was, the rooms are too small for the number of scholars. The lowest estimate would require 300 cubic feet of space, and 25 feet of floor space for each scholar. Thus a room 30 by 30 feet in size, and 15 feet high, might contain 35 scholars and the teacher, but this is a minimum space even for small scholars, and can be safely used only in connection with good ventilation. The economy which hazards the life and health of the pupil to save the expense of additional buildings is an economy that borders on crime. School officers aim to increase the cubic space by making the rooms high between floor and ceiling. But the child needs not only cubic space but adequate floor space. The lofty room only modifies one evil by introducing another, the necessity of climbing long flights of stairs. The influence of such stair-climbing on the pupils, both during their school days and in after life, is a subject that has attracted far less attention than its importance demands. Sometimes the evil of lofty structures is still further increased by placing the building on some hill-top, making necessary a still greater amount of climbing. Then, too, it is the almost universal custom to send the more advanced and older classes to the higher rooms, so that girls, as they approach puberty, are almost always climbing to the highest floor of the building. If this senseless custom were abandoned and the younger classes sent aloft, the girls at the most critical period of life might be kept upon the first floor and great evils be avoided, even with the present faulty construction of buildings. If woman's natural position in walking were horizontal, like the lower animals, the evils of this constant climbing would be less marked, but in her necessarily erect attitude the strain in the arrested motion, in stair descending, upon the supports of the pelvic cavity, lays the foundations of disease and suffering which last for many years, perhaps for life.

The air of school-rooms is almost uniformly too dry. In many cases the out-door air is heated to the requisite temperature and brought into the room without any addition of watery vapor. The influence of this excessively dry air on the naturally moist mucous surfaces is very injurious; the nostrils become dry and irritable, a tendency to catarrh is established. No good means of heating have yet been presented to the people of this State. A perfect method will include the uniform heating of all parts of the room; the avoidance of all draughts or such movements of the air as shall be perceptible to the occupants of the room; the absence of any change in the air by which its chemical composition or physical propensities shall be injuriously altered; and the securing to the air of that amount of moisture which shall make the air soft and balmy, like a June morning, and not hot and scorching, like the breath of the desert.

To preserve the air of a room in such a state

of purity that the carbonic acid shall never exceed eight parts in 10,000 of air, 2000 cubic feet of air must be admitted every hour for each person. In a room 30 by 30 feet in size, and 12 feet high, containing 36 persons, 72,000 feet an hour must be introduced, and the entire air of the room changed six times in an hour. If we allow 10 square inches of section area in a ventilating shaft, this number of pupils will require a ventilating shaft 19 by 19 inches; the air must pass through it at the rate of five and a half miles per hour; and if the shaft is 20 feet long it will require a permanent elevation of temperature of about 15 degrees above that of the outside air. In my estimation no ventilation is good which requires the opening of doors and windows at any time. The size of a ventilating shaft for a given school room may be easily estimated by the rule adopted in the British army, that is, 10 square inches of sectional space in the shaft for every person.

The following officers were elected:—

President—Dr. E. W. Jenks, of Detroit.

Vice Presidents—Dr. E. P. Christian, of Wyandotte; Dr. Landon, of Bay City; Dr. L. S. Stevens, of Three Rivers; Dr. Francis A. Rutherford, of Grand Rapids.

Secretary—Dr. G. E. Ranney, of Lansing.

Cor. Secretary—Dr. Moses Porter, of Kalamazoo.

Treasurer—Dr. Gordon Chattock, of Jackson.

A few minutes were then given to Dr. J. F. Noyes, of Detroit, to read a paper on "Embolism of the Eyes, a Cause of not Unfrequent Attacks of Blindness," giving some curious facts that had come under his observation and reading on that subject. A few minutes were also given to Dr. Eugene Smith, of Detroit, on certain catarrhal diseases. The papers were referred to the Publishing Committee.

PROCEEDINGS OF THE ROCK RIVER MEDICAL SOCIETY.

This Society met, according to adjournment, at Theresa, February 7th, 1873, Dr. Rogers, President, in the chair.

After the local matter had been disposed of, Dr. Marston read a paper on

Homœopathy.

All that can be said of it is, "that it is a vigorous application of good argument to a bad subject."

Dr. W. Senn read an elaborate essay on the

Pathology and Treatment of Cancer.

He first gives a historical sketch of the disease from the beginning of medical history. Thus he finds that, notwithstanding the heroic labors of a Bennet, Virchow, Lebert, or Rokitsansky, we are not able to say what the essential nature of cancer is. However, he has no doubt that future researches will prove the correctness of the opinions of those who now regard it as a typical production of epithelium.

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of cancer, he holds, with Prof. Andrews, of Chicago, that cancer most prevails near the sea, and diminishes as you recede from it. And at equal distances from the sea it is most prevalent as you go north, and diminishes as you go south.

Every cancerous tumor consists: 1st, of pilorous stroma; 2d, cells; and 3d, intercellular substance. His division of cancerous tumors is that found in the books, viz.: 1st, epithelial; 2d, scirrhous; 3d, encephaloid; 4th, colloid; and 5th, melanoid.

He says that the causes of cancer are still wrapped in the dark, however scientific researches into the minute pathological and histological process tend to prove that its origin is local, the general condition following as a secondary result. The following facts substantiate the local theory of cancer: 1st. Cancer affects persons in apparent robust health, remaining so frequently for years; the constitutional symptoms appearing only after the local disease has made considerable progress. 2d. As a rule only one primary tumor is present. 3d. The secondary deposit usually occurs in proximity to the primary tumor, in lymphatic glands connected with it. If the local disease was only symptomatic, the constitutional disturbance ought necessarily always to precede it, and more likely a number of deposits in different parts of the body would take place simultaneously.

He gives the following table of diagnosis between

Cancer	and	Sarcoma.
1. Tumor never attains a very large volume; it is irregular in shape, and firmly attached to surrounding parts.		1. Tumor regular in outline; sometimes very large, movable, having no tendency to produce abolition of other parts.
2. Tumor undergoes early destructive changes by degeneration or gangrene.		2. Tumor retains its vitality for a long time on account of its more favorable vascular supply.
3. Structure composed of a stroma, epithelial cells, and an intercellular substance.		3. Structure more homogeneous, being composed mainly of connective tissue cells.
4. Metastatic deposits occur in the course of lymphatic vessels.		4. Metastatic deposits almost always follow the course of blood-vessels.

They resemble each other in producing a general cachexia, and in their liability to return after extirpation.

In treatment he holds that we possess no single known remedy that, if administered internally, exerts the least effect in arresting the progress of this fatal disease. Hence the only success we can expect to obtain in battling with this horrible malady is from local treatment. This may be divided into, 1st, palliative; 2d, refrigerative; 3d, pressure; 4th, injections; 5th, caustics; and 6th, excisions.

1. Palliative treatment is to be used when, from the nature of the case, the other meth-

ods are not applicable. It consists in the removal of all irritation of the part, and the employment of anodynes.

2. The application of intense cold was first used by Dr. James Arnott. He used common salt and ice applied for five or six minutes at a time, from which he claimed curative and palliative properties.

3. Compression by means of an elastic cushion has met in different hands with varying results, but on the whole it has not been followed by beneficial results.

4. His objections to the hypodermic use of any remedy are: 1st, the difficulty of limiting its action to the cancer cells without affecting any other structure; 2d, the inability to reach every cell in the cancerous tumor by this method.

5. Of caustics the following are generally used: arsenic, chloride of zinc, caustic potassa, chlorine of bromine, and the red hot iron. Some physicians look upon caustic applications as a specific treatment for this disease. Thus Dr. Bright has the following four formulæ: *a.* Solid ext. of podophyllin, one part; pure chloride of zinc, three parts; starch, one-fourth part; red saunders, one-fourth part; water, a sufficient quantity to form a thick paste. *b.* This is simply a saturated solution of chloride of zinc. *c.* This is a paste like the first (*a*), only using carbolic acid instead of water. *d.* An arrow made of pure chloride of zinc with starch, and dried at a temperature of 212°, *Far*. With these remedies he claims to cure 90 per cent. of cancer.

Our author now proceeds to show that many of Dr. Bright's cases are not cancer, but lupus, hence his success in treatment. He thinks that the pathological views of Dr. Bright concerning this disease are fifty years behind the time, and the description of his treatment, with report of cases, sounds, to say the least, unprofessional. Pulling out a cancer by its roots, after applying any specific, without affecting any of the healthy tissue, is not compatible with the scientific status of the nineteenth century.

Of all caustics the red hot iron or the galvanic cautery are the best. Because by their action we know just how much we are removing, which we cannot do by other caustics.

6. *Excision.* Men of science have been the most devoted friends of the knife, while quacks have universally condemned its use, and done much towards creating the existing prejudice of the people against its legitimate employment. This, he says, is very natural, as its use requires an accurate anatomical knowledge of the parts operated upon, while the application of caustics is a bloodless procedure, and on that account eagerly sought after by ignorant pretenders.

He claims the following advantages for the knife: 1st, with it any amount of tissue can be removed at once; 2d, it leaves the wound in a condition to heal by the first intention; 3d, the operation is free from pain, as the patient can be placed under the influence of an anæsthetic; 4th, if the tumor

involves any large vessel hemorrhage can immediately be arrested, which cannot be done by the application of caustics.

He sees, in the majority of cases, the failure of cure in the failure of removing all of the neoplastic deposit. Hence his directions are to remove every vestige of a suspicious character. His indications for an operation are: 1st, if all the diseased tissue can be removed without any danger to life, and no secondary symptoms have appeared; 2d, if pressure of the tumor compromises the functions of essential organs, as the larynx, trachea, or vagus nerve; 3d, in some cases as a palliative to remove temporarily pain, or a sloughing gangrenous mass; 4th, where continually recurring hemorrhage endangers the patient's life.

His conclusions are:—

1. Cancer is a typical epithelial neoplasm.
2. It is primarily a local disease.
3. In its early stages it is amenable to local treatment.
4. An early and thorough excision affords the most reliable means to remove the parts affected and prevent constitutional contamination.

On Black Vomit.

Next in order came the discussion of the local action of cantharides on the stomach of a patient ejecting from this organ the substance known as "black vomit," and also concerning the nature of this substance.

Dr. Lueck opened the discussion by citing the following authorities about the true nature of "black vomit."

Hoblyn's dictionary gives the following definition of black vomit: "This fluid consists principally of blood altered by the action of the acid secretion from the gastrointestinal mucous membrane and epithelial scales."

Dr. Wood says (*Practice*, vol. 1, p. 323):—"At present it (black vomit) is believed to be blood somewhat altered, either by a feeble secretory action of the membranes, or by the acid which exists in the stomach. Black vomit has recently been submitted to careful microscopic examination by several observers, among whom may be mentioned Dr. J. L. Riddle, of New Orleans; M. Michel, of Charleston, S. C.; Prof. A. Clark, of New York; Dr. Hassal, of London, and Dr. Leidy, of Philadelphia, with results confirmatory of the views above given as to the nature of this morbid product."

Dr. A. Flint, Sr., records in his work on *Practice*, page 757, the following opinion: "Heretofore there has been much discussion respecting the nature of the vomited matter (black vomit), but it has been abundantly settled by chemical and microscopical examination made by different observers, that the characteristic appearance is due to blood changed by the action of the gastric fluids."

From this, as well as from the well-known fact that we may produce black vomit artificially by adding an acid to blood out of the body, it is proven that wherever we meet

this matter, be it in yellow fever, or in cancer of the stomach, or in any other case, we have essentially to do with hematinoid and deformed blood disks. Now where we have an extravasation of red blood corpuscles, we must have a rupture of some vessel or vessels, since it is known that they are not able to migrate through the walls of blood-vessels. But when we have a rupture of blood-vessels, they must be in a state of fullness, since empty or normally filled vessels are not very liable to be ruptured. However, this state of an organ is known as *congestion*. Now we claim that an irritant applied to a congested surface is not soothing, but irritating. Who of us would apply tr. cantharides to a congested conjunctiva? If any one would do it where is the victim to be found that would have such an application a second time? And is the congested mucous membrane of the stomach irritant proof?

Now, it has been said here that tr. cantharides in thirty-drop doses every hour is not irritating, is harmless to a patient whose stomach is in a state of congestion, as we have just seen. Let us examine if this is possible. All authors who have written on materia medica class cantharides among the irritants. Thus Stillé says (vol. 1, p. 418): "The action of cantharides when swallowed is that of an acrid irritant." Also the post-mortem examinations of those who have taken fatal doses of this substance show its irritating properties. For, according to Stillé, we "sometimes find the peritoneum inflamed, and the stomach, intestinal canal, kidneys, bladder, uterus, and urethra are generally so." (Vol. 1, p. 421.) West uses tr. canthar. diluted with soap liniment to the chest of children to produce revulsive irritation. (*Diseases of Children*, p. 270.) This, without referring further to the local action of canthar. on the cutaneous surface, we believe will suffice to show to every thinking physician that tr. canthar. to a congested mucous surface is an irritant.

Dr. Senn said that the patient was suffering from shock, and that tr. canthar. is a powerful stimulant, and as such it was used in this case. There was passive congestion of the stomach, and in such state he thinks this medicine was just the remedy.

Dr. Marston holds that canthar. acts more energetically on cutaneous than on mucous membranes. He says that Ramsbotham, somewhere in his work on obstetrics, recommends to give tr. canthar. to just such patients as his was, and under just such circumstances, viz.: patient suffering from shock and exhaustion. And that he knows an eminent physician of Fond du Lac who follows the same practice.

The regular discussion on

The Pathology and Treatment of Ulcers

was opened by Dr. Senn. He said that an ulcer may be defined to be a breach of surface attended by suppuration. What in most cases gives rise to this class of substance we are often not able to determine. John Hunter thought it to be a process of absorp-

tion, while the German authors believe it to be a kind of necrosis of the soft tissue.

There are two stages of each ulcer: 1st, that of destruction or tearing down, and 2d, that of building up. The causes of ulcers are idiopathic and local. Idiopathic ulcers are those that result from a general cause or cachexia of the body, such as scrofula, syphilis, etc. Local ulcers result from local causes.

Treatment must also be constitutional and local. If any cachexia exist it must be treated by its appropriate remedies. As medicine, he has, in scrofula, found the following combination very useful:

R. Potass. iodidi,	
Potass. bromidi,	aa ʒv.
Syr. ferri. iodidi,	ʒiij.
Aquæ,	ʒvj. M.

Sig. One teaspoonfull three times a day, after meals.

In the local treatment perfect rest is of paramount importance. If inflammation is not yet subdued apply fomentations of chamomile infusion. If the edges of the ulcer are hard and indurated, strapping will be useful in promoting the absorption of the plastic material. In profuse granulations it will also be of service. His general dressing consists of carbolized linseed oil, prepared in the proportion of one part of carbolic acid to twelve parts of oil. In superficial ulcers, or mere abrasions, the oxide of zinc ointment will be found very useful.

Dr. Hunt has nothing new to add to the pathology of the subject under discussion, except that it, in his opinion, may be laid down as a rule, that we find chronic ulcers in such parts where the nutrition is lowest. He would not try to heal an old ulcer, to which the patient's constitution has become habituated, for fear that his general health may dangerously suffer.

Dr. Marston generally follows the directions laid down in the text-books. In weak ulcers, especially in scrofulous subjects, he follows Prof. Brainard's method in placing small pieces of solid iodine, wrapped in lint, upon the ulcer; after which the whole is covered with an impervious bandage. Internally, in such cases, he gives iodide of potass. with bitter tonics. He would, also, not heal an ulcer of long standing, for the same reason that Dr. Hunt gives.

Dr. Rogers endorses Dr. Senn's treatment. He would especially call attention to the importance of absolute rest and elevation of the affected limb during treatment, he having lately met with a case which forcibly illustrates this necessity.

Dr. Lueck said that in irritable ulcers he has found no application so soothing as that known by the name of Kirkland's Neutral Ointment. It consists of:—

R. Emp. plumbi,	ʒj.
Cretæ prep.,	ʒvj.
Ol. olivæ,	
Acid. acet.,	aa fʒss.
Plumbi acet.,	ʒj.

Ft. emp. s. a.

This preparation has been recommended by Sir Benjamin Brodie, although its therapeutical virtues were inexplicable, even to that learned surgeon.

Another method which the speaker has found highly useful in the management of chronic irritable ulcers characterized by unhealthy and little discharge, is known as "sealing." It is done in the following manner: A piece of oil-silk is cut like the ulcer, however, one-fourth of an inch larger; this is now placed over the sore, and several coats of collodion applied around the margin of the oil silk, partly on the latter and partly on the surrounding healthy skin, so that after the operation is finished the ulcer is sealed perfectly air-tight. This dressing is left undisturbed until the secretions from the ulcer find their way outward, when it is removed and another applied. In a few days laudable pus will be found bathing healthy granulation, and the ugly sore will kindly heal.

Dr. Senn remarked that the theory of killing a patient by healing his old ulcer has exploded, since it is known that the ulcer is not an excreting surface. The discharges we find on ulcers consist of material of the affected part. He also reported a case of chronic ulceration, which has improved under the administration of the famous condurango.

Skin-grafting, in the treatment of ulcers, has not been tried by any of the members.

On motion the Society adjourned to meet again at Theresa on the first Tuesday of March.

A. W. LUECK, M. D.,
Mayville, Wis. Secretary.

RHODE ISLAND STATE MEDICAL SOCIETY.

This Society held its sixty-second annual meeting at Providence, June 11th, the President, Dr. LLOYD MORTON, in the chair.

The President then extended the welcome of the Society to the visiting delegates and to Dr. Corliss, of New York, and Dr. Carpenter, of Pawtucket, not delegates, and invited them to participate in its deliberation.

Dr. Benoni Carpenter, of Pawtucket, said that though he was not a delegate from the Massachusetts Medical Society, as introduced by the president, but came on his own hook, he would state some facts in the history of the Society, and spoke at some length in regard to the matter of expulsion from that Society of those who practice homeopathy.

Dr. E. M. Snow, for the Committee on Registration, reported verbally, and presented the seventeenth annual report upon the births, deaths and marriages in the city of Providence for 1871, and stated that the report for 1872 was not published. The report was received.

Several medical documents, presented to the Society by Dr. Edward Jarvis, of Dorchester, were received and acknowledged with the thanks of the Society.

The Board of Censors met in the ante-

room, and Dr. Ballou was elected President, and Dr. Clapp Secretary. Dr. Albert Ainsworth Saunders, of Charlestown, was nominated for a Fellow of the Society. The Board recommended Dr. Daniel M. Edwards, for the first, and Dr. E. T. Caswell, for the second orator, next annual meeting. The report was received and placed on file.

Dr. Ballou, of Woonsocket, presented the sum of \$100 to the Publication Fund, the interest to be used in publications, and on motion of Dr. Collins, the thanks of the Society were presented to Dr. Ballou.

Dr. A. R. Becker offered a resolution congratulating the Massachusetts Medical Society on its recent action in expelling members for practicing homœopathy, which was read, and on motion of Dr. Collins, was laid on the table.

The annual election of officers was then proceeded with, and the following named fellows were elected for the ensuing year:

President, Dr. Lloyd Morton, of Pawtucket.

First Vice President, Dr. Fenner H. Peckham, of Providence.

Second Vice President, Dr. George W. Jenckes, of Woonsocket.

Recording Secretary, Dr. E. M. Harris, of Providence.

Corresponding Secretary, Dr. Chas. W. Parsons, of Providence.

Treasurer, Dr. T. K. Newhall.

Censors, Drs. David King, Newport; J. H. Eldredge, East Greenwich; Ariel Ballou, Woonsocket; Otis Bullock, Warren; Sylvanus Clapp, Pawtucket; W. O. Brown, Providence; J. W. C. Ely, Providence; E. T. Caswell, Providence.

Registration Committee, Drs. E. M. Snow, Providence; E. T. Caswell, Providence; S. Clapp, Pawtucket; J. H. Eldredge, East Greenwich.

Publication Committee, Drs. L. F. C. Garvin, Lincoln; W. O. Brown, H. G. Miller, C. T. Gardner, Providence.

Dinner Committee, Drs. F. H. Peckham, Sr., T. K. Newhall, Providence.

Dr. Eldredge, of East Greenwich, described an interesting case which occurred in his practice, of an almost imbecile paralytic who had an immense carbuncle on the back of his neck, from which he was now recovering, and which had apparently entirely cured his paralysis.

Dr. Arnold, Secretary of the Trustees of the Fiske Fund, presented and read their annual report, which was read and placed on file. There were no essays received during the past year, and consequently no awards made. The Trustees propose the following subjects for essays and awards for 1873:—

Cerebro-spinal Meningitis: Its Pathology and Treatment.

1. For the best dissertation on this subject they will award the sum of \$200.

2. Pyæmia: For the best dissertation on this subject they will award the sum of \$150.

Dr. Harris, Secretary, read obituaries of Drs. Lyman B. Swan, of this city, and Thomas Joseph Aloysius Ryan (formerly

of Ireland), members of the Society, deceased during the past year, and the papers were received and ordered on file for publication.

Dr. Newhall, Treasurer, presented printed copies of the communications of the Society, from 1865 to 1872, to the representatives of the press.

The President called the attention of the Society to the recent death of Dr. Joseph Mauran, a member of the Society, and Dr. Arnold, after a few appropriate remarks, moved that a committee be appointed to draft resolutions expressing the appreciation and sorrow of the Society, to be placed on the records and sent to the family of Dr. Mauran, and the President appointed Drs. Arnold, Capron and Snow on the committee.

In moving the appointment of the committee, Dr. Arnold said:—Dr. Mauran was born in Barrington, December 23d, 1776. His father was a native of Italy and his mother of Rhode Island. He was graduated in Brown University, in the class of 1816; and the Degree of Doctor of Medicine was conferred on him by the College of Physicians and Surgeons, New York, in 1819. He was admitted into the Rhode Island Medical Society the same year, and was soon elected one of the censors for the northern district. In 1847 he was elected President of the Society, which office he held one year, the time then prescribed by the laws of the Society.

After an interval of five years, he was again elected President, and continued in office three years, which honor was never conferred upon any member of the Society.

He was elected honorary member of the Massachusetts Medical Society, which honor was never conferred upon but one other Rhode Island man.

He was elected President of the Association of Graduates of the College of Physicians and Surgeons of New York, and delivered the anniversary orations.

He was elected Vice President of the delegates who met in Washington to form a new pharmacopœia.

He was the author of our laws requiring the registration of births, deaths and marriages.

When he was in Italy, he found, in the clerk's office, in his father's native town, registration of his ancestors for two hundred years. When he came home he examined the clerk's office, in Barrington, but he could find no traces of the ancestors of his mother's family, not even who his grandfather and mother were. His father and mother died when he was young, and he had never heard their names.

He determined it should be no longer so in Rhode Island, and he procured the enactment of our present laws, and had prepared in his office the first very able reports on registration. The labor was chiefly performed by his friend, Dr. Thomas S. Webb.

Dr. T. Newell offered the following resolution, which was read and passed:—

Resolved, That a committee be appointed

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to report upon the physical development of the young, with special reference to the present system of education in our public schools.

The President appointed Drs. Newell, Snow and Arnold on the committee.

Dr. C. T. Gardner, the orator, read the annual address, upon the subject of the "Progress and Present Condition of the Science of Medicine," which was a well written and able essay, and received warm applause.

EDITORIAL DEPARTMENT.

PERISCOPE.

Recovery from Tubal Pregnancy.

DR. WELLINGTON gives the following interesting cases in the *Boston Medical and Surgical Journal* :—

Mrs. C., aged 35, has for a long time been a chronic invalid. She was married five years ago, but has had no children. Two years since she missed two menstrual periods, and afterwards had considerable flowing; whether there was an abortion or not, is uncertain.

March 17th, 1873, she had a sudden attack of very severe pain in the lower part of the abdomen, on going down stairs in the morning. This pain was a little to the left of the median line. She had missed one menstrual period, which was due three weeks before. Soon after the access of the pain she commenced vomiting, and became very faint. At 6 P. M., when I first saw her, in consultation with her physician, Dr. Wood, she was in a state of collapse, and had been for some time. The vomiting continued; she could retain nothing upon her stomach. She was faint, and, at times, pulseless; the extremities were cold, and covered with a clammy sweat. There was pain and tenderness in lower part of abdomen, chiefly on the left side, with dullness and fullness in the dependent part. Per vaginam, the uterus was found to be low down, and slightly tender. For a day or two previously, she had had slight flowing, with membranous shreds, which continued. She looked as though she would die very soon. During the night she rallied, the pulse improved, the faintness diminished, and there was less vomiting. The abdominal fullness, dullness, and pain continued.

From this time she gradually improved, but not continuously. At times the vomiting returned, and was troublesome. Once there was dysuria, and the urine was reported to be bloody. Both dysuria and bloody urine ceased suddenly.

She is now convalescent. When last seen, a spot of fullness and dullness was clearly made out in the left iliac region, though less marked than formerly; this spot was a little tender. She had recovered, in a good de-

gree, her appetite and strength, and was able to walk and to take out-door exercise.

Last September I saw a case similar to the above, in consultation with Dr. Webber. The two cases were so much alike that nearly the same description will apply to both.

A married woman, who had passed one menstrual period, was suddenly seized, while sitting in her husband's office, with a very acute pain in the lower part of the abdomen. This was followed by vomiting, slight diarrhoea and collapse. She had a series of fainting turns; the pulse became rapid and feeble, and, at times, could not be counted at the wrist. There was but a single sound of the heart; the extremities were cold, and she appeared like a person dying. Her mental faculties were unimpaired. There was tenderness and fullness in lower part of abdomen, and dullness on percussion, indicating an effusion of some kind into the peritoneal cavity. Two days after there was a slight bloody discharge from the uterus.

Her subsequent history was similar to that already described. She rallied from her collapse, gradually improved, and in the course of two or three months was well. She has since menstruated regularly.

Injection of Alcohol into Tumors.

C. SCHWALBE, who has already advocated the treatment of bronchocele by the injection of tincture of iodine and of alcohol into the areolar tissue, describes in *Virchow's Archiv*, vol. lvi, part 3, a case of lipoma successfully treated by the same plan. In the course of eleven weeks he made eighteen injections of alcohol into the tumor. The result was, that it became reduced to one-half of its original size, and hardened. Finally, Schwalbe induced suppuration by injecting caustic potash with the alcohol. On this, however, the patient ceased attendance. He concludes that atrophy of lipomata may be produced by cicatricial contraction, although more slowly, and perhaps less constantly, than in strumous swellings; and he suggests that, in cases of large and very vascular lipoma, the injection of alcohol may be employed as a means of reducing the

size of the tumor, and diminishing the risk of hemorrhage when an operation is performed for its removal. The good effects that have been ascribed to the injection of ergotin in cases of aneurism and varix he believes to be due not so much to any action of the ergotin, as to the contraction of the cicatricial tissue resulting from the inflammation; and hence, he believes, alcohol is a more efficient remedy in such cases than ergotin.

Dr. Hasse, of Wordhausen, recommends the injection of alcohol into the substance of adipose or lipomatous tumors. He gives one case of a female who had a large fatty tumor reaching from the shoulder to the armpit. He injected alcohol into this at four different sittings, with fifteen days' interval, directing the syringe into different parts of the tumor. In a few days there was some slight inflammation. The tumor became at first firmer, but soon softened and fluctuated at several points. In three weeks an incision was made into the tumor, and the fatty matter could be pressed out in a liquid form. In another case of a man, æt. 40, similar treatment was adopted with similar result.

Early Medical Patents.

The first person who introduced patent medical remedies in England, says the *Chemist and Druggist*, was John Dickson, in 1620, whose patent is numbered sixteen, and relates to a "certain commodious instrument called a back stall, back frame, or back skreene, for the ease and reliefe of such sick persons and others as are, or shall be, distempered or troubled with heate of their backs through continual keeping or lying on their beddes.

In 1632 Thomas Grent invents—

"A moveable hydraulike or chamber wetherall like a cabinet, which being placed in any roome or by a bedside causeth sweete sleepe to those which either by hott feavers or otherwise cannot take rest, and withall altereth the drye hot ayr into a more moystining and cooleing temper, either with musical sounde or without."

A few more specifications take us through that troubled century of English history, and in 1726 we find Benjamin Okell describing—

"A new chymicall preparacon and medicine," styled "Doctor Bateman's pectoral drops," stated to moderate sweat and urine, and to be useful in rheumatism, afflictions of the stone, gravel, agues, and hysteric."

In 1743 Michael and Thomas Belton introduce "an oyl extracted from a flinty rock for the cure of rheumatick and other cases." This is one of the few remedies which has weathered the competition of a century. The next year John Hooper brings out his "female pills," which he says "are compounded of the best purging stomatick and anti-hysterick ingredients," but he does not more definitely specify these. In 1747 Dr. Robert James takes out a patent for his still

famous fever powder, and, at the same time, for a pill which has been almost if not completely discarded. The powder, he says:—

"Is prepared by calcining antimony by long-continued heat in an unglazed earthen vessel, adding to it from time to time any animal oil and salt. The compound is then boiled in melted nitre, and the powder is subsequently obtained by dissolving the nitre in water."

Nobody else has ever been able to make the powder by this formula, and it is highly probable that Dr. James never did. In 1774 the same physician ventured on another patent for pills, described as "analeptic pills," and with a fair range of usefulness, including the "lowness of spirits," which is such a fertile source of hope to modern medicine-mongers. These pills contain his own fever powder with pill ruff and gum ammoniacum, the two last having to be dissolved "in a cave underground, furnished with the conductors of electrical fire."

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We have received the following pamphlets:—

Report on Fracture-Bed. By Dr. C. TRUESDALE.

Report of the Municipal Hospital of Philadelphia. By Dr. W. M. WELCH.

Proceedings of the State Medical Association of Arkansas. 1873.

Transactions of the Little Rock and Pulaski County Medical Association. 1873.

Constitution and By-Laws of the Little Rock Medical Association.

Constitution and By-Laws of the North-eastern District Medical Society of Michigan.

—We observe in the *Monatsschrift für Ohrenheilkunde*, for May, a generally favorable review of Dr. Turnbull's work on the Ear. It gives it the credit for being accurate, full, and well up to the latest advances of otological science.

—Dr. PHILIP C. WILLIAMS has written a Reply to Dr. H. C. WOOD's Review of the Medical Testimony in the Trial of Mrs. E. G. Wharton for the alleged attempt to poison Mr. Van Ness. It is reprinted in pamphlet form from the *Richmond and Louisville Medical Journal*, June, 1873. This interesting discussion is ably supported on both sides, but the whole is a rather sad commentary on the toxicological knowledge of the day.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 19, 1873.

B. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

LAWS OF POPULATION.

In the complex study of social economics the temptation to overlook important factors which are awkwardly in the way of our pet theories is very great. Then it is so easy to set up a theory, and there is so much to be said in favor of any imaginable view, that no wonder every writer on these subjects is more or less of a hobbyist. A very deserving student of such matters is Dr. NATHAN ALLEN, of Lowell, Mass., and he has excited considerable interest among others in these profitable speculations. His latest contribution is entitled "The True Law of Population based on Physiology and Psychology," which has been printed in various medical journals in this country and England.

Knowing of old Dr. ALLEN's pet idea that a balance of "temperaments" is at the basis of moral, social, and physical prosperity, we anticipated that this would be the pith of his "True Law," and we were not disappointed. He argues thus:—

"An examination into the views and theories of most writers upon population shows that the laws which they lay down for its increase have been controlled generally by agents or objects entirely external to the body, and some of them hold only remote

or indirect relations to it. Now, while these external agents, such as food, climate, exercise, etc., may operate as powerful factors or as secondary causes, we maintain that there is a great general law of propagation which extends through the whole animal and vegetable kingdoms. Whatever influences these agencies may have in the development of the body, the most important agent or law of all, the law that shapes its life, character and destiny, it would seem, must have its origin and seat somewhere in the body itself. What, then, is this Law? It may be defined thus:—*It consists in the perfectionism of structure and harmony of function*; or, in other words, that every organ of the body should be perfect in its structure, and that each should perform its legitimate functions in harmony with all others. * * * *

"In accordance with this physiological law, if any class of organs become predominant in their development, if what may properly be denominated one of the temperaments becomes excessively developed, it conflicts with this great law of increase. In other words, if the organization is carried by successive generations to an extreme; that is, to a high nervous temperament—a predominance of the brain and nervous system; or, on the other hand, to a lymphatic temperament—a predominance of the mere animal nature, it operates unfavorably upon the increase of progeny. Accordingly in the highest states of refinement, culture, and civilization of a people, the tendency has always been to run out in offspring; while on the other hand all tribes or races sunk in the lowest stages of barbarism, controlled principally by their animal nature, do not abound in offspring, and, in the course of time, they tend also to run out."

We have several stones to throw at this structure. In the first place, here and throughout his whole article, Dr. ALLEN confounds two very different things. He lays down a law of *maximum fecundity*, and supposes that it is the same as the economic law of *maximum population*, whereas the two are in social economics entirely distinct, and in physiology, often antagonistic.

The law of *maximum population* is connected with the *greatest viability* of offspring. In Ireland, where the births are say twelve per cent. more than in England, the num-

ber of those surviving to adult years is about twenty per cent. less; hence the population, in an economic sense, is less.

It is a well recognized law of nature that in both plants and animals reproduction is active in an *inverse* ratio to the viability of the product. Countless thousands of young are procreated by insects and those fishes whose tenure of life is most precarious; while as the probability of survival increases with the ascending scale of independent power, the offspring diminish in number. So in human experience, in those nations in which the mortality of the young is greatest the number of children born to a union reaches its maximum; those families who will most certainly rear their infants have few of them. It has been conclusively proven that native American couples in the United States have fewer children than those of foreign parentage, but do not lose near so many. The Indian squaws have few children, but, barring accidents, what they do have, survive in larger proportion than those of second Ireland.

Hence, the true law of population is not to be derived from the statistics of birth alone, but of birth *plus* viability, or average duration of life. It is not a mere physiological inquiry, to which Dr. ALLEN would reduce it, but must embrace those circumstances which sustain as well as originate life. It is nowise identical with any "great law of *propagation*," for this is quite another topic. In its economical aspect the question is:—What elements secure to a community the greatest number of effective workers?

The population, to be of value, must be of bodily and mental condition, and of age proper for labor. Infants, idiots, and the superannuated do not count. Only by stripping the problem of vagueness and putting it thus does it have any interest for the student of social conditions, the political economist, or the statesman. This, we see, is a very different question than that proposed

to himself by Dr. ALLEN, although the language of his article evidently shows that he has by no means rendered this distinction clear to himself.

In thus reviewing his studies we are far from desiring to depreciate them, as we always read his writings with pleasure, and recommend them to all who pass a portion of their time in acquainting themselves with such topics.

NOTES AND COMMENTS.

Sufferings on Merchant Ships.

The *Delawarean* gives some particulars of the treatment of a number of immigrants brought to our shores:—

"They crossed the ocean in the steamer Egypt, of the National Line, running from Liverpool to New York. There were nineteen hundred passengers on board. From the first they were put upon short allowance of water. The meat they were compelled to eat, they say, was rotten, and the potatoes were all diseased. Their soup was made from the water used to boil potatoes. The bread was hard ship-biscuits, and, as they were not allowed fresh water to soak them, the little children could not eat them and suffered for food. They were kept beneath decks, and those that were well were compelled to be confined with the sick. A Mrs. Zell was taken with small-pox while on board, and the disease was at its height when the ship passed quarantine at New York.

An Egyptian Medical Papyrus.

Professor Ebers, of Leipzig, during a recent visit to Egypt, has obtained possession of an ancient papyrus, written in the oldest hieratic character, and believed to be above 3400 years old. Notwithstanding its great age, not a single letter is wanting in the hundred and ten leaves of which it consists. It is a complete treatise of ancient Egyptian medicine, in which the diseases of the several parts of the body and their treatment are described. Nine leaves are devoted to diseases of the eyes, a subject in which the Egyptians were in advance of all other nations of antiquity. It is said that the King of Saxony has obtained possession of the papyrus for the library of the University of Leipzig.

The Temperance Movement in France.

A correspondent of the *British Medical Journal* reports that the Secretary General of the French Temperance Association, M. Lunier, showed that the quantity of spirits consumed in France amounted in 1820 to 350,000 hectolitres, in 1850 to 585,000, and in 1869 to 978,000 hectolitres, which, of course, does not include the quantity smuggled and obtained by other surreptitious means. This M. Lunier attributed to the introduction of the distillation of spirits from grain and beet-root, which has, in great measure, replaced the juice of the grape, and which has been attended with most disastrous consequences, as shown by the police and mortuary returns. Dr. Lunier, in referring to the total abstinence principles of similar societies in England, America, and Holland, observed that, however much he admired those principles, their fulfilment in a country like France, where the vine grows in abundance, is simply impossible; and where, after all, alcoholism has attained such alarming proportions only since the introduction of spirits as a beverage.

Dr. Lunier, although a teetotaler himself, does not approve of the absolute exclusion of wine as a dietetic drink, as he does not believe that any wine, whatever may be its strength, can, when taken in moderation, do any harm, provided, of course, that the wine be the natural unsophisticated juice of the grape; whereas alcohol, in any other form or combination, is a poison even in the smallest doses. He never knew of a case of delirium tremens, or alcoholism, brought on by the exclusive use of wine; his object, and that of the Society is, therefore, not to abolish the use of natural wines, but to replace spirituous liquors by more healthful beverages, such as cider, coffee, tea and beer.

Liberal Donation for Hospital Purposes.

Mr. Lewis Audenreid, a merchant of Philadelphia, has placed in the hands of two trustees the sum of \$100,000 in well-secured seven per cent. first mortgage bonds, directing that the interest be turned over to any hospital or hospitals in this city, whether connected with a Medical College or not, that may be designated by his friend, Dr. WM. S. FORBES, in whom he has implicit confidence. He has also instructed the trustees to turn the principal of the trust over to the authorities of any chartered

hospital or hospitals that Dr. Forbes may designate, in writing, at any time during his life, or in his will, after his death. The interest of this trust is to be used in the maintenance of beds, to be named in memory of Mr. Audenreid's mother and sister.

We have been informed that this liberal donation was made as an acknowledgment, in part, for valuable professional services rendered by Dr. Forbes.

Ill-advised Changes.

Citizens of Philadelphia who are outside the political influences that surround our municipal affairs, but who feel an interest in the proper administration of those affairs, were not a little surprised lately at the announcement that our city Councils had dropped the names of JOHN M. WHITALL and Dr. ISAAC RAY from the Board of Guardians of the Poor, and substituted new men. No men, in the last ten years, have labored more earnestly and faithfully in the interests of the city and her pauper population, than those named. But they must give way to political or other considerations. Philadelphia cannot afford to lose the services of such faithful, honest men; she will certainly suffer by it. We pity the poor!

Female Professional Education.

The new law admitting female students to the full rights of the Zurich University, has been recommended by the Cantonal Government for adoption, and the popular vote has been taken on it. Zurich seems to be considerably in advance of the rest of the world in this matter of female education, for the number of lady students has steadily increased since the courses were first opened to them informally, six years since; and there are now reported to be one hundred and nineteen of these "girl-graduates" who have actually matriculated under the existing university rules which it is proposed to legalise.

Fecundity of the Mule.

A case of exceptional fecundity in this hybrid is mentioned in the *Gazette Hebdomadaire de Médecine*, for March, as having occurred recently at Orleansville, in the department of Algiers. A mule has given birth to a young mule perfectly formed. The medical men of the place have ascertained the fact, of which indeed many other examples have been recorded.

Man and Apes.

In an extremely interesting paper on Man and Apes, which Mr. St. George Mivart commences in the current number of the *Popular Science Review*, he deduces from the review of the skeleton, as also of other parts, that resemblance to man is shared in different and not very unequal degrees by divers species of the order, rather than that any one kind is plainly and unquestionably much more human than any of the others. Affinities seem rather to radiate from man in various directions, than to follow the special route.

FOREIGN CORRESPONDENCE.

YOKOHAMA, Japan, May 7th, 1873.

EDS. MED. AND SURG. REPORTER:—

I am a doctor from a town in the State of New York. It is said that if a doctor gets through the first ten years he will live to a good old age. I had practiced eight years. I found that rheumatism and asthma were getting hold of me with a close embrace. I had to go six miles on horseback, at night, in the rain, to see an old sick darkey, a pauper, and I did not get a cent for it. I concluded that if I did not get out of that I should soon peg out.

I started without any particular object in view, other than getting rid of the rheumatism and asthma, as well as the annoyance and responsibility of private practice. Out here I find, to me, a new world and a new people. The first thing I did was to get a Japanese and English phrase-book and bone up on it. I own a ginrickshaw (a two-wheeled carriage, of infantile proportions, universally used here), and two bettoes (tattooed men). One man is enough on level ground, but up hill it is necessary to have one man to pull and another to push. When I go to the great idol Dalbutz, twenty miles, my men deliberately strip themselves for the journey, except a breech cloth, about six inches wide, and even the breech cloth they do not hesitate to take off at the various tea houses in order to dash water over the privates. They do not hesitate to do this even in the presence of the ladies, merely taking the precaution to turn their backs.

The *naïveté* of Japanese ladies is astonishing. I summoned my best effort in the native language, at Totaka, and asked one of them how old she was. She replied that she was not allowed to have sexual intercourse until she should be twenty! I like Japanese houses; I have no further use for chairs and tables, having become convinced that these last are a vice incident to our civilization. I take off my shoes when I enter the house, I stretch myself at full length on the soft grass mats, I eat my rice and chicken from dishes set on these mats. I am sure to have two or three Japanese la-

dies near me assisting or resting. I would like to send you a sketch of a Japanese resting, it is a curious sight. [A pencil sketch is enclosed.] I sleep on the mats. The only thing which I cannot as yet get accustomed to is the triangular wedge of wood, slightly padded at the top, and placed under the nape of the neck, for a pillow. I have tried it several times, but uniformly get cramped.

I have assisted, as the French say, several times, at Kamakura, in the worship of a rock, some ten feet square, which the Japanese say fell down from heaven. On it is a very correct representation of the clitoris, labiæ, mons veneris, and vaginal orifice, of colossal dimensions. Worship of this stone is reputed to have cured tens of thousands of barren women who have visited it from all parts of the Empire of Japan.

Sterility would seem to be more common among the males here. I have repeatedly seen a penis, say four feet in length, occupying a secluded place in the temples at Yeddo, Odawana, and Myanoshta.

I would advise those of my medical brethren who intend visiting Japan to come quickly, for the Japs are rapidly emerging into the light of our so-called blessings of modern civilization. For my own part, I am delighted with this beautiful park covering the whole island of Nippon, and with the people who live back from the open ports in a state of charming Arcadian simplicity. I would like to tell you of some bath-house scenes I have witnessed, but I forbear.

I will remark, *en passant*, that the people keep themselves clean.

I thought I would put down these notes for the REPORTER, but I doubt whether your readers would like any more of them from an already retired physician, whose sands of life have not run out.

Sayo nara, F. R. BROWN, M. D.

CORRESPONDENCE.

Cerebro-Spinal Meningitis.

EDS. MED. AND SURG. REPORTER:—

Dr. J. B. GRAVES, of Corning, N. Y., in the MED. AND SURG. REPORTER for May 3d, 1873, in his somewhat severe criticisms of diagnosis and treatment of a case, as reported by Dr. J. H. Thompson, of Goshen, N. Y., published in the REPORTER for February 8th, 1873, makes the following statement with regard to his, Dr. Graves', treatment of cerebro-spinal meningitis, to wit: "During the past year I have treated over sixty cases of this disease, three of which proved fatal; two of them died very suddenly in the congestive stage, the third was from a relapse after convalescence. I cannot conceive how Dr. Thompson should ever have suspected that this case was cerebro-spinal meningitis."

Dr. Graves will confer a favor on the medical profession by giving us an article on

the treatment adopted by him in this most fatal malady.

During the past winter and spring I have treated quite a number of cases of epidemic cerebro-spinal meningitis, with a mortality of forty per cent., and in all cases of that terrible disease which have come under my professional care during the last eight years, I am compelled to record a mortality of about fifty per cent.! The mortality in the practice of my neighboring medical brethren is about the same as mine. The outbreak of epidemic cerebro-spinal meningitis in Philadelphia during the winter of 1866 and spring of 1867 yielded a death-rate of over twenty-six per cent. in one hundred and sixty-one cases treated in the Philadelphia Hospital, with thirty-one cases yet remaining under treatment. (*Vide American Jour. of Medical Sciences*, July, 1867, Dr. W. H. H. Githens.)

This outbreak was not characterized by any great degree of malignancy. Such physicians as Stillé, Hartshorne, etc., observed and treated the disease throughout this epidemic, with a death-rate of nearly thirty-three per cent.

The outbreak in Dublin, same year, 1866, yielded a mortality of eighty per cent. The lowest rate of mortality yet recorded is one death in every five cases treated.

The cases treated by Dr. Graves yield a mortality of five per cent.! Why is this?

The "chills," "tendency to coma," condition of circulation, "nausea and vomiting," "hurried and labored respiration," "pains like rheumatism in arms," "tonic action of muscular system," etc., as narrated in Dr. Thompson's case, taken together, all point directly to cerebro-spinal meningitis in one of its most fatal forms. The vertigo complained of at previous times was likely due to digestive irregularities, and in no way connected with his last and fatal attack.

Just how much of the treatment adopted in the case reported by Dr. Thompson was superfluous I am not prepared to say, but I believe that the adoption of *any* treatment would have yielded equally unfavorable results.

B. R. HAMILTON, M. D.

Nauvoo, Ill., June 19, 1873.

Preparations of the Phosphates.

EDS. MED. AND SURG. REPORTER:—

As I have recently received a considerable number of inquiries from physicians and druggists in relation to the preparations of the Phosphates by my formulas, I will answer, that the following can be obtained of Thomas Gordon, Pharmacist, Eleventh and Master Streets, Philadelphia.

Elixir Phosphate of Iron, Quinia and Strychnia. Containing two grains of the phosphate of the sesquioxide of iron, one grain of quinia, and a fortieth of a grain of strychnia to each drachm.

Aromatic Syrup of the Phosphate of Iron, Quinia, and Ignatia. Containing two grains of the protophosphate of iron, one grain of

quinia, and one thirty-second of a grain of strychnia to each drachm.

Syrup of the Phosphates of Iron, Ammonium, Quinia, and Strychnia. Containing five grains of iron, five of the phosphate of ammonium, one of quinia, and one twenty-eighth of strychnia to each drachm.

Syrup of the Phosphate of Iron, Manganese, Quinia, and Strychnia. Formula published in the REPORTER.

Syrup of the Hypophosphites of Iron and Quinia. Containing two grains of iron and one of quinia to the drachm.

There is no pyrophosphate of iron in any of the above preparations.

C. G. POLK, M. D.

Philadelphia, Pa.

Delivery of an Unbroken Amnion!

EDS. MED. AND SURG. REPORTER:—

Having been engaged in a pretty extensive practice since the year 1861, and having never before seen or heard, in this vicinity, at least, of a fetus and placenta being delivered in an unbroken sac, I am induced to report this case.

On the night of the 5th of May last I was called to see Mrs. G., eight miles distant, in her third pregnancy, who, I was told, had symptoms of labor brought on prematurely by riding in a rough wagon, over a very rough road, the day previous. On my arrival I learned from the ladies in attendance that our patient, after a labor of less than an hour and a quarter, and one hour before I arrived, had given birth to something very extraordinary, having no resemblance to a child, which still remained in the bed. On examination I found a fetus and placenta completely enveloped in a tough membranous sac, which on being ruptured disclosed a well-developed, though very small, dead fetus, and, from all appearances, at full period of gestation, the life of which might have been saved had the membranes been ruptured immediately after its birth.

The mother did very well.

Respectfully,

J. M. HALL, M. D.

Fayetteville, O., June 2d, 1873.

NEWS AND MISCELLANY.

College of Physicians and Surgeons, Little Rock, Arkansas.

This is a new medical organization.

Dr. Hooper was made chairman, and, after the adoption of the constitution and by-laws, the following officers were elected, viz:—Geo. C. Hart, President; A. L. Brey-sacher, Vice President; E. V. Deuell, Treasurer, and J. H. Lenow, Secretary and Librarian.

The President, Dr. Hart, made a few appropriate remarks in reference to the benefits derived from such organizations.

A committee was appointed to procure

suitable rooms for the permanent meeting of the society.

Dr. Jennings moved that a number of medical journals be taken for the use of the members of the society.

Honorary and corresponding members were elected from different portions of the country.

The society then adjourned to meet at the call of the president.

Medical Society of Wisconsin.

At the late meeting of the Medical Society of Wisconsin, the following officers were elected for the ensuing year:—President, M. Waterhouse, of Portage City; First Vice President, T. P. Russell, of Oshkosh; Second Vice President, S. A. Ferrin, of Montfort; Secretary and Treasurer, T. J. Reeve, of Appleton; Assistant Secretary, Theron Nichols, of Milwaukee.

The University of Maryland.

The Professorship of Eye and Ear Diseases in this institution, and the Lectureship on Operative Surgery, formerly united, have been divided. Prof. Julian J. Chisolm retains the chair of Eye and Ear Diseases, and Prof. Allen P. Smith has been called to that of Operative Surgery. Prof. Nathan R. Smith is Emeritus Professor of Surgery and President of the Faculty.

University of Michigan.

The homeopaths of Michigan, in convention, have nominated the following gentlemen for the positions named in the university, under the new law granting them two professors: For the chair of Materia Medica, A. B. Paine, Bath, Maine; H. B. Fellows, Chicago; T. Bachmeister, Trenton, Illinois. For the chair of Theory and Practice of Medicine, N. T. Cook, Chicago; A. R. Morgan, New York; H. P. Gatchell, Kensha.

Naval Orders.

Surgeon James C. Palmer, of the navy, will be placed on the retired list of officers on account of being 62 years of age, as prescribed by law, and faithful service for over 40 years. Medical Director Joseph Beale, of Pennsylvania, will be chief of the Medical Bureau of the navy by the retirement of Dr. Palmer. Medical Inspector P. J. Horwitz will be promoted to the grade of Medical Director, Surgeon P. S. Wales to the grade of Medical Inspector, and Passed Assistant Surgeon J. B. Tryon to the grade of Surgeon.

Curious Verdict.

A stranger was found dead on the farm of Mr. J. H. Smock, in Holmdel township, Monmouth county, New Jersey. It is said that a sapient jury "sat on" the body and rendered the following funny verdict: "Died by the visitation of God, cause unknown, probably hernia!"

Suicide of a Dentist.

Dr. Amos Westcott, a doctor of dental surgery, committed suicide at his residence in Syracuse, New York, July 6th, by shooting himself. He had been for two or three years suffering from hypochondria, which neither extensive travel nor medical treatment could cure. Deceased stood confessedly at the head of the dental profession. He was formerly professor of operative and mechanical dentistry in Baltimore College of Dental Surgery, and subsequently professor in the New York College of Dental Surgery. He did more than any other to reduce dentistry to a science and profession. He was the author of several works on dentistry, and was the originator and first president of the State Dental Society, and was at the head of the National Dental Society. In 1860 he was Mayor of Syracuse, and at his death was fifty-nine years of age.

—Dr. Victory Hobbs, aged thirty years, a practicing physician and surgeon in North Hampton, New Hampshire, committed suicide, recently, by taking poison. He had acted strangely for several days, and at times appeared very melancholy.

—The horse of a practicing physician, if not worth more than \$100, is now exempted from taxation in Connecticut. The Legislature has just refused to extend the exemption to \$200 beasts.

—Seventeen Japanese physicians at Kobi have formed themselves into a class, and placed themselves under the instruction of Dr. J. C. Berry, missionary of the American Board of Missions.

—Dr. Holmes, on being asked by a young physician what sign he had better put on his door, replied: "The smallest fevers gratefully received."

MARRIAGES.

BRAZEE—OKESON.—May 29th, by the Rev. L. B. W. Shryceck, Dr. John Mason Brazee and Mary J. Okeson, all of Academia, Pa.

BUNN—WHITE.—At the residence of the bride's parents, near Burnside, Clearfield Co., Pa., June 26, by Rev. R. H. Colburn, Dr. James M. Bunn, of New Washington, and Miss Julia, daughter of Dr. A. White.

HARDIN—DODGE.—At Beirut, Syria, on May 5th, by the Rev. Henry H. Jessup, D. D., assisted by the Rev. D. Stuart Dodge, the Rev. Oscar J. Hardin, of Tripoli, Syria, and Mary Stuart, daughter of the late Dr. David S. Dodge, of New York.

HEBERMANN—DIETER.—July 8th, at St. Alphonsus' Church, Baltimore, Md., by Rev. W. F. Wayrich, Dr. Charles G. Hebermann, of New York, and Mary T. Dieter, of Baltimore.

WHITE—BURGES.—At Milford, Massachusetts, by Rev. M. Richardson, Dr. Levi White, of Douglas, and Ella Jane Burgess, of Milford.

DEATHS.

WARD.—At Newark, N. J., July 11, John F. Ward, M. D., in the 58th year of his age.